

Rhode Island Department of Health Office of Health Professionals Regulation

March 2005



Instructions for requesting public records in the form of licensee lists

In compliance with RIGL-Title 38 (Public Records), the Rhode Island Department of Health provides public licensee data in electronic list format.

Please use the attached Request for Release of Records form to request public licensee information (such as licensee lists) by completing the form and faxing to the number provided on the form.

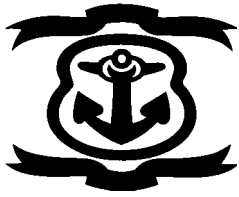
Data will be provided in Microsoft Excel spreadsheet format (.xls) that can easily be converted to labels by the recipient using Microsoft Word Merge Tool. Please include an E-mail address so that the spreadsheets can be sent as attachments.

Standard requests include the licensee's full name, preferred mailing address (business or home), license type, license issue date, license expiration date, license status and license number. Mailing lists include licensee name and preferred mailing address only.

Please keep in mind that only information considered "public" can be released by this method. Please allow ten (10) business days for mailing lists and up to thirty (30) business days for either standard requests or requests that contain additional data elements.

For other information such as license verifications or copies of disciplinary orders, please visit the website for the specific profession to which the licensee belongs or contact the specific professional board by telephone (listed on the web pages).

<http://www.health.ri.gov/hsr/professions/index.php>



RHODE ISLAND DEPARTMENT OF HEALTH
REQUEST FOR RELEASE OF RECORDS

Please complete information contained in this form. Sign and date the form and FAX to Mike Simoli, Licensing Team Manager, Rm. 105 at (401) 222-3352. You may E-mail Mike at Mike.Simoli@health.ri.gov

REQUESTED BY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

SIGNATURE: _____ DATE: _____

FOR PERSONS REQUESTING CONFIDENTIAL INFORMATION: *Persons must demonstrate that they have an interest in the requested record(s) which is such as would enable them to maintain or defend a legal action for which the document or record sought can furnish evidence or necessary information, or are otherwise entitled to the record by law.*

REQUESTED RECORDS: Please indicate exactly which records that you are interested in receiving; include dates if necessary.

*Do **NOT** fill out any information below this line*

☐ REQUEST DENIED

☐ REFERRED TO LEGAL COUNSEL

REASON: _____

- THIS AREA IS FOR OFFICE USE ONLY -

APPROVED BY: _____

Chief Administrative Officer or Designee

DATE: _____

*This form has been modified for specific use by the Licensing Team. Office of Health Professionals Regulation.
Division of Health Services Regulation. Rhode Island Department of Health (HEALTH), 3 Capitol Hill, Providence, RI 02908-5097*